

TRAVEL EXPENSE CLAIM

See Instructions and Privacy
Statement on Reverse Side

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CLAIMANT'S NAME Larry Grable		SSAN OR EMPLOYEE NUMBER		DEPARTMENT Office of the Governor	
POSITION Director		CB/ID NUMBER		DIVISION OR BUREAU Riverside	
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS 3737 Main St #201		INDEX NUMBER	
CITY Riverside		STATE CA		ZIP 92501	

MONTH/YEAR		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		
1-Dec		Lake Arrowhead Chamber GRC									74 32.93		32.93
1-Dec		Cal State SB POA									52 23.14		23.14
2-Dec		IE Healthcare									40 17.80		17.80
2-Dec		SANDBAG									20 8.90		8.90
2-Dec		Lake Arrowhead Chamber Installation									82 36.49		36.49
3-Dec		Victorville Chamber GRC									102 45.39		45.39
3-Dec		T Now									52 23.14		23.14
3-Dec		Indio Chamber									151 67.20		67.20
3-Dec		Loma Linda Chamber GRC									38 16.91		16.91
4-Dec		Apple Valley Chamber GRC									115 51.18		51.18
5-Dec		Col Millet Funeral									60 26.70		26.70
7-Dec		Pearl Harbor Day Celebration									47 16.47		16.47
7-Dec		La Quinta Chamber GRC									152 67.64		67.64
SUBTOTALS			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	975 433.88	0.00	
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												4095 = 999.49	
												- \$433.88 -	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

See attached sheet

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

4HRT721

MILEAGE RATE CLAIMED

0.45

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

240843

I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

1-5-10

SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

1/13/10

SIGNATURE OF _____ OF AUTHORITY FOR SPECIAL EXPENSES

DATE

1/13/10

December TEC

1. Gave update on RTTT and legal challenges
2. Spoke with College group about working in the administration and about intern opportunities
3. Gave brief update on the Governors stance on HCR
4. Attended Assoc of Govt meeting where I was recognized as being in attendance
5. Attended installation where I made presentation
6. Gave brief update on RTTT and budget issues
7. Attended transportation meeting where I gave brief budget update
8. Gave update on RTTT and legal challenges
9. Gave update on RTTT and legal challenges
10. Gave update on RTTT and legal challenges
11. Attended funeral
12. Attended Pearl Harbor Day Remembrance where I made presentation
13. Gave update on RTTT and legal challenges

TRAVEL EXPENSE CLAIM

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Statement on Reverse Side

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STD 262 (REV 10/92)

CLAIMANT'S NAME Larry Grable		SSAN OR EMPLOYEE NUMBER		DEPARTMENT Office of the Governor	
POSITION Director		CB/D NUMBER	DIVISION OR BUREAU Riverside		INDEX NUMBER
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS 3737 Main St #201			TELEPHONE NUMBER
CITY	STATE	ZIP	CITY	STATE	ZIP
			Riverside	CA	92501

MONTH/YEAR		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		
8-Dec		New Vision Middle School Opening									36 16.02		16.02
8-Dec		Unforgettables									10 4.45		4.45
8-Dec		BIA Veronica's Home Opening									48 21.36		21.36
8-Dec		Palm Springs Chamber GRC									107 47.62		47.62
9-Dec		Riv County Directors Meeting									28 12.46		12.46
9-Dec		Loma Linda State of the City									14 6.23		6.23
9-Dec		SANDABS									28 12.46		12.46
10-Dec		Upland Chamber GRC									34 15.13		15.13
10-Dec		Ontario Chamber GRC									16 7.12		7.12
10-Dec		Wendell Zellar									11 4.90		4.90
10-Dec		Wrightwood Chamber GRC									85 37.83		37.83
11-Dec		Moreno Valley GRC									36 16.02		16.02
11-Dec		Pass EDA									84 37.38		37.38
SUBTOTALS			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	537 238.97	0.00	
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												\$238.97	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

See attached sheet

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

4HRU721

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGN

DATE

1-5-10

SIGNATURE OF OFFICER APPROVING TRAVEL

AND PAYMENT

DATE

1/13/10

SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES

DATE

December TEC

14. Attended charter school opening with Sen Maldonado where both of us addressed the attendees.
15. Attended meeting where I participated in open discussion
16. Attended opening where I was introduced and made a presentation
17. Gave update on RTTT and legal challenges
18. Met with Riv County directors where we participated in open discussion
19. Attended State of the City where I was introduced by the Mayor
20. Attended meeting where I gave brief RTTT update
21. Gave update on RTTT and legal challenges
22. Gave update on RTTT and legal challenges
23. Met with constituent to discuss budget issue
24. Gave update on RTTT and legal challenges
25. Gave update on RTTT and legal challenges and talked about water bond
26. Gave update on RTTT and legal challenges

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STD 262 (REV 10-92)

CLAIMANT'S NAME Larry Grable		SSAN OR EMPLOYEE NUMBER		DEPARTMENT Office of the Governor	
POSITION Director		CB/D NUMBER	DIVISION OR BUREAU Riverside		INDEX NUMBER
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS 3737 Main St #201		TELEPHONE NUMBER	
CITY Riverside	STATE CA	ZIP 92501			

MONTH/YEAR		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY	
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT			
11-Dec		Lifestream									28	12.46		12.46
13-Dec		Riverside Chanukah Celebration									52	23.14		23.14
14-Dec		Ind Living Solutions									58	25.81		25.81
15-Dec		Inland Action									26	11.57		11.57
15-Dec		Athena Awards									108	48.06		48.06
15-Dec		2nd Harvest Food Bank									28	12.46		12.46
16-Dec		Arrowhead Reg Breathmobile Dedication									31	13.80		13.80
16-Dec		Lake Arrowhead Chamber <i>Arrowhead Holiday Event</i>									70	31.15		31.15
16-Dec		SB County Office of Ed Open House									22	9.79		9.79
16-Dec		Rancho Cucamonga Grade Separation Event									28	12.46		12.46
17-Dec		SB Workforce Investment Board									48	21.36		21.36
17-Dec		Pam Easter Retirement									36	16.02		16.02
17-Dec		Emmerson/Dutton/Biane Holiday Event									12	5.34		5.34
SUBTOTALS			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	547	243.42	0.00	
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL													\$243.42	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

See attached sheet

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

4HRU721

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

1-5-10

SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

1/13/10

SIGNATURE OF _____ LE OF AUTHORITY FOR SPECIAL EXPENSES

DATE

December TEC

27. Attended Lifestream event where I made presentation
28. Attended Chanukah celebration where I was introduced by the Rabbi
29. Met with CEO to discuss budget issues
30. Gave update on RTTT and legal challenges
31. Attended Award celebration where I made a presentation
32. Attended event at Food Bank where they received check from San Manuel Band of Indians
33. Attended Dedication where I made brief comments
34. Attended Holiday Event where I was introduced as being in attendance
35. Attended Open House where I spoke with Superintendent of schools re:RTTT
36. Attended Grade Separation Project Completion Celebration where I delivered brief comments
37. Attended Workforce Investment Board Holiday Meeting where I was recognized by the chair as being in attendance
38. Attended retirement party where I made presentation
39. Attended Holiday open house

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CLAIMANT'S NAME		SSAN OR EMPLOYEE NUMBER		DEPARTMENT	
Larry Grable				Office of the Governor	
POSITION		CB/ID NUMBER		INDEX NUMBER	
Director					
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS		TELEPHONE NUMBER	
		3737 Main St #201			
CITY STATE ZIP		CITY STATE ZIP			
		Riverside CA		92501	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)		NORMAL WORK HOURS	
See attached sheet		PRIVATE VEHICLE LICENSE NUMBER	
		4HRL721	
		MILEAGE RATE CLAIMED	
		0.445	
I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.		AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER	
CLAIMANT'S SIGNATURE	DATE	SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
	1-5-10		1/13/10
SIGNATURE OF TRAVELER	DATE OF AUTHORITY FOR SPECIAL EXPENSES		DATE

December TEC

- 40. Gave brief report on RTTT and budget challenges
- 41. Attended County Holiday Event
- 42. Attended Holiday event where I participated as well as welcomed all to the event
- 43. Gave brief report on RTTT and budget challenges
- 44. Attended Holiday event where I delivered brief welcome comments
- 45. Gave brief report on RTTT and budget challenges